

## Initial Classification—off Waitlist onto Waiver

Member/Guardian, Case Manager, and Resource Coordinator are notified in writing by the Waiver Manager that a funded opening for a specific waiver program is available.

If the Member or guardian is choosing to decline the offer of a funded opening, a **letter of declination** must be signed by the Member/Guardian with reason for declination and submitted to the Resource Coordinator. The member will be removed from the waitlist. The Case Manager documents the decline of waiver services in **EIS Notes**. The Decline Letter can be obtained from the OADS website/Waiver Forms.

<http://www.maine.gov/dhhs/oads/disability/ds/MaineCare/initial-applications/index.shtml>

If the Member or guardian is choosing to accept the offer of a funded opening and receive waiver services, the Case Manager documents acceptance of the waiver in **EIS Notes** and notifies his/her Resource Coordinator of the acceptance, by email.

The team meets—in person or by telephone—to discuss the Member's current needs and specific services (what staff will do "to/with/for" the Member) to address those needs.

The team notes any services the Member currently receives (especially any funded by MaineCare) and determines any steps necessary to transition from those services to Section 21 or 29. The "transition plan" is documented in the PCP **in EIS** by the Case Manager.

The Case Manager sends a **Vendor Call Form—attached to email**—to start the process of choosing MaineCare provider(s.)

The Member/Guardian, with assistance from the Case Manager reviews responses to the Vendor Call and chooses a MaineCare Provider for each service to be provided.

The Case Manager re-versions the Person-Centered Plan in EIS so that the chosen provider(s) can complete the MaineCare Service Description and Goal Descriptions.

The Case Manager asks the local OADS office IDS staff person to create a relationship **in EIS** for the chosen provider(s.) The chosen provider(s) complete their **Service Description Form and Goal(s)—in PCP in EIS**

The Case Manager updates the Personal Plan Narrative and the Case Management Service Description Form and CM "Service Planning Narrative" and any Ancillary Services necessary.

The Member/Guardian signs the **PCP Face Sheet** approving the service descriptions and goals entered into the Plan.

The Member or Guardian signs a new **Choice Letter Regarding Waiver Services** dated on or after the recent meeting.

The Case Manager re-versions the **DS\_HCB Waiver Assessment in EIS** that was used to offer the funded slot and updates the Assessment information and the “Guardian Decision regarding Waiver Services” dimension.

**DO NOT LOCK OR END-DATE THAT ASSESSMENT.**

The Case Manager submits to the Resource Coordinator--**paper**:

1. The signed **Face Sheet**, of that new plan—both pages
2. The new **Choice Letter Regarding Waiver Services** (dated on or after that recent planning meeting.)
3. And an **Authorization Request Form**, reflecting the service proposal(s) in the Plan

**NOTE: Incomplete applications will be returned to the Case Manager and no action taken until the completed application is received. The Resource Coordinator will document missing items in EIS notes.**

The Resource Coordinator will review the paper and electronic documents and if complete will note the review in the Waiver Assessment’s comment box **in EIS** and mail the paper documents to the Waiver Manager in Augusta. (example: reviewed for INITIAL section XX waiver, XX/XX/XXXX, resource coordinator)

The Waiver Manager will notify the Resource Coordinator when the Member has been classified onto the Waiver program. Services cannot be authorized until the Member is classified.

The Resource Coordinator will review the service description(s) and will send the Provider a Prior Authorization email, and copy the Case Manager.

When the Member begins receiving services and the Provider replies to the Prior Authorization email, the Resource Coordinator will enter the authorization into **EIS**.